

REQUEST FOR PARTY STATUS

Date: _____

Indiana Board of Safety Review
Indiana Department of Labor
402 West Washington Street, Room W195
Indianapolis, IN 46204

Re: Commissioner of Labor v. _____
Inspection No. _____

Dear Board of Safety Review:

On behalf of the affected employee, I wish to elect party status in the above referenced case. The _____ is the authorized representative of the employees.

I request that copies of all documents previously filed in this case, and those that are filed in the future, be sent to the following person, as we intend to participate in all aspects of the proceeding:

Name(s): _____
Address: _____

(Name) _____ can also be contacted by telephone at:

(_____) _____ between the hours of _____ and _____ or

(_____) _____ between the hours of _____ and _____.

Sincerely yours,

Name: _____
Title: _____

cc: (Department of Labor Attorney)
(Company Representative)